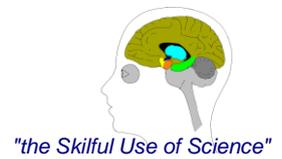




7. Erickson, his influence



7. Erickson, his influence

a. Ericksonians

Derivative Schools

There is no question that Erickson was a profound influence in a great many quarters, and where that influence is clearly seminal, we have labelled the approach as a derivative school of thought. Through his association with Gregory Bateson, the Mental Research Institute (MRI) sought out Erickson's ideas on communication. Haley and Madanes developed their Strategic approach, based on Erickson's ideas. Neuro-Linguistic Programming is, in part, derived from an analysis of Erickson's communication patterns and style. Rossi's Mind—Body work is predicated on what he learned about physiological changes that occurred in patients during hypnosis.

Erickson's success and creativity spawned a variety of approaches. A significant number of his students (and their students) have developed and articulated aspects of their approach that in many ways builds on their training with Erickson. These Ericksonians include Jeff Zeig, Stephen and Carol Lankton, Stephen Gilligan, and William O'Hanlon, as well as Neo-Ericksonians whose work is grounded in Ericksonian principles, but who never studied with him directly, such as Michael Yapko.

Mental Research Institute

From 1952 to 1962, Gregory Bateson headed up a research project on communication. The research team consisted of Jay Haley and John Weakland (research assistants), and Don D. Jackson and William F. Fry (consulting psychiatrists). The parameters of that project were broad: the team could investigate anything as long as it illuminated some aspect of the paradoxes that arise in the communication process. Erickson's influence on that project began in the mid-1950s. Bateson wrote Erickson a five-page letter outlining the double bind and asking Erickson about similarities between the actions of the hypnotist and the binds of schizophrenic families. Bateson introduced Jay Haley and John Weakland to Erickson, and subsequently Haley attended one of Erickson's seminars on hypnosis. At the time, the project was examining, among other things, how it is that specific communication patterns maintain pathology. There was a homeostatic model, which described family structure and communication patterns quite well, but which was more anthropological and descriptive than an investigation of the change process in therapy.

Jay Haley and John Weakland, through their early contacts with Erickson, became enamoured with the idea of brief treatment approaches, and Haley eventually developed the strategic school, while Weakland, who remained at MRI, was one of the founders of their 'interactional approach'. At the time of those first meetings with Erickson, therapy was dominated by psychoanalytic thinking. In contrast, Erickson who was decidedly directive, achieved results quickly. Haley and Weakland learned about ordeals, family-based interventions, hypnosis, tasks and metaphors. The directive nature of strategic interventions transforms the therapists role from passive to active, and radically increases the probability of the treatment succeeding in a short period of time. Haley and Weakland carried back what they learned from Erickson to Palo Alto, and the foundation was established for what would, in 1967, become the Brief Therapy Center at MRI. Here Erickson's work continued to impact the thinking of individuals such as Paul Watzlawick, Don Jackson, and Richard Fisch

Strategic/Solution-focused Treatment

Haley broke off from the Palo Alto group and went to the Philadelphia Child Guidance Clinic where he collaborated with the founder of structural family therapy, Salvador Minuchin, and with Braulio Montalvo. Haley developed strategic family systems interventions, which especially attended to the hierarchies and the distribution of influence within the family structure. Ultimately, he established the Family Therapy Institute of Washington, DC, and was joined by Cloe Madanes.

In 1969, Steve de Shazer began his investigation into brief treatment. In *Keys to Solutions in Brief Therapy* (1985), de Shazer cites some of Erickson's work as seminal in his approach to brief treatment:

As I see it, this is the key to brief therapy: Utilizing what the client brings with him to meet his needs in such a way that the client can make a satisfactory life for himself. As Erickson put it, no attempt was made to correct any 'causative under-lying maladjustments,' and none was needed. (1985: 6) .

7. Erickson, his influence

Erickson's focus on strategic problem-solving is evident in much of de Shazer's early work. He also incorporated Erickson's notion of creating a positive vision of the future into his work; this is embodied in his 'miracle question' — 'If you woke up tomorrow, and your problem was miraculously solved, how would things be different?' De Shazer has become a major force in the brief treatment movement.

Neuro-Linguistic Programming

Richard Bandler, a therapist, with John Grinder, a linguist, developed a communications-based approach to hypnosis and treatment, called Neuro-Linguistic Programming. They used the transformational grammar of Noam Chomsky and other tools to methodically examine the communication patterns present in Erickson and other experts. Milton Erickson's work and case studies were a major focus of their analysis. They published *Patterns of the Hypnotic Techniques of Milton H. Erickson MD, Vol. I*, in 1975. Erickson's influence is present in much of their writings, and has influenced the chief expositors of NLP, including Robert Dilts, who has been a prolific author and teacher.

Rossi's Mind–Body Work

Ernest Rossi, who started as a Jungian analyst, worked with Milton Erickson, first as a patient, then as a student, and finally as a collaborator. Rossi was Erickson's Boswell. He edited a major portion of Erickson's writings into collections that included Erickson's commentary, and wrote about Erickson as well. Subsequently, Rossi developed his own approach that explored psychoneuroimmunology. He vigorously explored the connection between mind and body, and developed a model that accesses unconscious resources to aid in the healing process. Furthermore, he encourages patients to utilize natural body rhythms to augment healing and growth.

Neo-Ericksonians

Many individuals influenced by Erickson continue to contribute to the field in a substantial way. The single disclaimer here is this — as was always the case with Erickson's therapy, the evolution of his approach, even today, is a work in progress. Haley, Weakland, Fisch, Jackson, Watzlawick, Bandler and Grinder, Rossi, and de Shazer have been previously identified as having developed derivative schools. The distinction between this group (derivative schools) and the remainder of the 'Neo-Ericksonian' group is somewhat arbitrary. It is likely that over time, the work of many of the individuals discussed in the ensuing section may well evolve into distinct derivative schools.

Jeffrey Zeig has articulated a metamodel for understanding the communications process that is implicit in Ericksonian hypnosis and therapy (Zeig, 1992). He has elucidated the 'seeding' process by which Erickson began implementing the intervention well in advance of any induction or assignment (Zeig, 1990a). He has written prolifically on utilization (Zeig, 1992), on his experiences with Erickson (Zeig, 1985; Zeig and Geary, 1990), and on various aspects of psychotherapy in general (Zeig and Munion, 1990). In addition to this writing, he is President of the Board of Directors of The Milton H. Erickson Foundation. In this capacity, he is involved in planning all the conferences and training sponsored by the Erickson Foundation.

Stephen and Carol Lankton were students of Erickson. Stephen was the founding editor of The Milton H. Erickson Foundation's Ericksonian Monograph series, which examined therapy related topics from the perspective of various Ericksonian therapists, and reviewed relevant publications. The Lanktons have written about hypnosis (1983) and Ericksonian techniques in family therapy (Lankton and Lankton, 1986). Both are quite active in providing training in Ericksonian methods.

William O'Hanlon published significant books about Erickson's work (O'Hanlon, 1987; O'Hanlon and Hexum, 1990), and Ericksonian methods of therapy. In particular, O'Hanlon has worked with developing solution-focused treatment approaches (Cade and O'Hanlon, 1993; O'Hanlon and Weiner-Davis, 1989; O'Hanlon and Martin, 1992). He continues to be very active in writing, training and practice. Joseph Barber (Barber, 1977a, 1977b, 1980, 1987, 1989, 1993; Barber and Adrian, 1982; Price and Barber, 1987) has contributed substantially in terms of pain management techniques and hypnosis, and has been a perennial faculty member at the Ericksonian Congresses. Michael Yapko (1988, 1989, 1992) has distinguished himself with his writing on the subjects of hypnosis, brief therapy, and depression. He also has written articulately on directive therapy (Yapko, 1990).

The late Kay F. Thompson, also a student of Erickson, was a leader and teacher in the application of hypnosis for pain control in dentistry. Stephen Gilligan has trained students in Ericksonian methods for 20 years, and has written about these methods (Gilligan, 1993; Gilligan and Price, 1987; Zeig and Gilligan, 1990; Lankton et al., 1991). His current work has evolved to his 'Self-Relations' approach to therapy which has the promise of becoming its own free standing school (Gilligan, 1997). Ericksonian principles, as applied to the treatment of chronic and resistant patients, as well as sexual abuse

7. Erickson, his influence

survivors, have been advanced cogently by Yvonne Dolan (1985, 1986, 1989, 1991, 1997). John and Janet Edgette (1995) have written thoughtfully about hypnosis. Daniel Araoz (1985), and others including Herb Lustig, Sidney Rosen, Betty Alice Erickson, Phillip and Norma Baretta . . . the list is seemingly endless ... have all been influenced by Erickson, and have gone on to train others in this effective method of treatment.

b. Bandler, Grinder and the NLP movement - YM

NLP - An Introduction

In the early 1970s John Grindler, a linguist, and Richard Bandler, a mathematician, psychotherapist, and computer expert, studied the methods of three of the leading psychotherapists; Milton Erickson, Virginia Satir, and Gregory Bateson. These three had managed to bring about fundamental changes in the behaviour of their clients/patients.

Milton Erickson is widely recognised as one of the greatest hypnotherapists of all time, Virginia Satir is known for her achievements as a family therapist, and Gregory Bateson's work as an anthropologist, all greatly influenced Grindler and Bandler in the methods they developed to bring about improvements in goal achievement, personal confidence, and lifestyle. These methods have been successfully applied in the fields of sport, business, various therapies, and government, as well as in personal development.

The simple yet profound concepts of NLP, together with its adaptability and applications in such a wide range of sectors, have contributed to its growth and popularity.

NLP is essentially concerned with what happens when we think in a particular way and the effect of that thinking on our behaviour, and subsequently the effect on the behaviour of others. It offers new styles of thinking, new styles of communicating (both with ourselves and with others) which can help us to achieve what we want. NLP is a practical art and a science which models the way top achievers think and behave. It can be described as an art because the way an individual thinks and behaves is unique to him. It is a science in as much as it makes use of researched methods that can be used to identify thinking patterns and behavioural traits of top achievers.

What does NLP stand for?

Neuro Linguistic Programming

Neuro is the neurological process of seeing, hearing, feeling, tasting, and smelling – the senses that contribute and make up the activity in the brain and nervous system. All our understanding of the world and what we describe as conscious thought comes via these neural pathways to the brain. This is why what we think affects what our bodies do and vice versa.

Linguistic refers to the part that verbal and non-verbal language plays in our communication with ourselves and with others, and how we organise and encode meaning.

Programming refers to the way we program our thoughts and behaviour in much the same way that a computer is programmed to carry out specific things. The thinking and behavioural programmes that we 'run' are influenced by our life experiences, and we all have a tendency to continue to 'run' programmes even when they don't make us happy or help us achieve our goals. These programmes can be changed to more beneficial ones that can bring us more of what we want in our lives.

NLP may be viewed as a powerful combination of three elements;

neuro – how we think and perceive ourselves and our world

linguistic – the language we use to communicate

programming – the programmes of thought and behaviour which we run

How does NLP work?

The NLP model is founded on some basic pre-suppositions:

1. The ability to change the process by which we experience the reality of our world is more valuable than changing the reality itself. All human experience can be represented through the five senses; visual, auditory, kinaesthetic, olfactory, and gustatory.

That we all have our own subjective version of reality often accounts for the breakdown of communication between individuals, and the failure of individuals to attain their goals. As human beings we all experience the world through our five senses or modalities: seeing, hearing, feeling, smelling, and tasting). It is through these senses that we all make 'internal' sense of the world, our

7. Erickson, his influence

perceptions of the world come about through this internal process of encoding and organising meaning. The five senses may be considered as representational systems and each has its own group of process words and phrases:

- Visual** (see) - analyse, illustrate, show, see, look, shine some light on, get a perspective etc
Auditory (say/hear) - say, state, listen, voice, whine, tongue-tied, roar like tiger etc
Kinaesthetic (feel/do) - support, grip, pressure, touch, feel, get a handle on something, turn things around etc.
Olfactory (smell) - bouquet, sweet, musty, perfume, the sweet smell of success etc
Gustatory (taste) - sweet, tasty, bland, acidic, leave a bad taste in the mouth etc

Each of the above in turn contains smaller units of encoding, the sub modalities:

- Visual** **colour/b&w**
 bright/dim
 Associated/disassociated
- Auditory** **volume**
 tempo
 pitch
- Kinaesthetic** **location in body**
 temperature
 weight
- Olfactory** **fragrance/pungence**
- Gustatory** **sweet/sour**
 bland/spicy

Each individual has a preferred system of communicating which explains just how easily communication breaks down between individuals whose preferred representation systems or 'languages' are different:

- Husband: 'I love you'
Wife: 'No you don't! You never give me flowers'
Husband: 'Listen to me I love you!'

However hard the husband tries to express himself through his preferred **auditory** system the message doesn't get through and doesn't match up to the preferred **visual** system of his wife.

2. The true meaning of communication is in the response that you get

People respond to what they 'think' we say not what we 'think' we say, in the example of the husband above the wife responds to her interpretation, however inaccurate, of what her husband said.

3. Each individual already has within them the resources they need to bring about change

Were either of our husband and wife to notice and change their own system to match the other's there would be far less of a mis-match and more effective communication.

4. Successful communicators are those who are receptive to all communication systems - verbal and non-verbal – and, who themselves can move elegantly from one communication system to another with ease

When we become aware of other people's 'languages' we can 'tune' in to what they are saying and express ourselves in a way which they are able to 'tune' in to, and thereby establish rapport. Non-verbal tuning in or 'matching' is just as important as verbal matching, and can be done via postural shifts, head/shoulder angle patterns, facial expressions, repetitive phrasing, pacing, and breathing.

5. The map is not the territory . . . The menu is not the meal

In theory we all have a wealth of information available to us through the modality and submodality systems, so much so, in fact, that we would risk being overloaded by both relevant and irrelevant information if it were not for the existence of a system of filters. These filters are those of **deletion, distortion, and generalisation**, and together these are known as the **Universal Modelling Processes**. These filters allow us to discard what we perceive to be irrelevant information in order to make sense of our world and experiences. However, like any screening or filtering system that is based on subjective perceptions (modalities and submodalities) it is easy to understand how the filtering of external information can, in fact, bring about limited and incomplete version or 'map' of any 'reality' or 'territory'.

7. Erickson, his influence

(a) Deletion

Deletion, as the name suggests erases chunks of language and meaning. The effect is rather like putting on a pair of blinkers - it limits our view or understanding of our world and our own experience.

I am depressed

is very different in meaning from

I am depressed about not getting promoted

In the first sentence is a global comment on how the individual feels about everything in their life whereas in the second sentence the feelings of being depressed are recognised and limited to the lack of promotion, which allows the individual to recognise that some parts of his life are not making him depressed.

(b) Distortion

Distortion of language, normally by making an abstract noun (nominalization) from a word which is normally used in the verb form, is a means of concealing full meaning or understanding

My depression stops me getting a job

is very different in meaning from

My being depressed stops me getting a job

It is clear how nominalization distorts reality as perceived by the individual by making the state of being depressed into a thing or an object (depression) which has its own independent identity and exists as separate entity from the individual. In the second sentence 'being depressed' is a state within the individual which, therefore, he can choose to change; if all that is stopping an individual getting a job is his being depressed then when a different (non-depressed) pattern of thinking and behaving is adopted he will be able to get a job.

(c) Generalisation

Generalisation is the third element of the Universal Modelling Process. Generalisations always have at the heart of them an untruth - generalisations are an attempt to recognise a pattern

No-one likes me

is very different in meaning to

Not everyone likes me

Generalisations, therefore, may be viewed as distortions as they rely on language that is inflexible in its meaning. Negative generalisations are very black and white in their meaning and allow no grey. By definition they offer no room for variance of degree.

6. Every behaviour is the result of neurological patterns

All our behaviour can be tracked back to our representational systems – our habitual routes of internal interpretation of reality. Depressive behaviour is, therefore, the product of a learned pattern of depressive thought as a result of a combination of our representational systems and universal modelling processes.

7. Change comes from change

When we are looking to change our experience of the external world we need to affect a change within ourselves. We can only change ourselves and our own thinking patterns. When we want to bring about a change in others we firstly have to change something in ourselves.

8. Feedback v Failure - there is no such thing a failure, just a different outcome from what one may have wished for, and an opportunity to learn

When our actions don't bring us the desired response (as in the husband/wife example above) instead of viewing this as a failure and feeling disheartened we can choose to view it as an opportunity to learn how not to do something and, therefore, decide to try something different next time – the husband above may well decide that next time he tells his wife he loves her, he will also give her a bunch of flowers!

NLP and its applications for Clinical Hypnotherapy

What makes NLP such an effective tool for the hypnotherapist is that Grindler and Bandler studied much of the work of Milton Erickson. Our clients come to see us because on some level things are going well in their life and they are looking for change.

7. Erickson, his influence

Some clients will hope that the hypnotherapist will be able to snap his fingers and magically make everything better, so the first thing that we can help the client to understand is that this is not necessary as they already have within them all they need to bring about whatever change they are seeking.

What makes the combination of NLP and hypnotherapy so powerful is the use of the trance state which allows for the by-passing of the critical conscious faculty. Many effective hypnotherapists will use NLP techniques without being aware of the fact, for example the rewind technique and the swish technique, but maybe some of the most profound changes take place when we help our clients to bring about fundamental shifts in their levels of both unconscious and conscious awareness of their thinking styles and resulting actions; many of the shifts have at their roots the same core pre-suppositions of NLP

1. The ability to change the process by which we experience the reality of our world is more valuable than changing the reality itself

Whilst we cannot change the external factors in our client's life we can help shift their focus by asking them to tell us about their normal 'anxious or depressed' day. This helps the client realise that their depression or anxiety is, in fact, something they are actively doing. By then asking them how a perfect day would be we are already getting them to forward pace and focus on a more positive version of reality. Often clients find it difficult to describe their perfect day as they have become so immersed in their anxiety or depression and have never stopped to think how they would like to feel, but with encouragement and practice they are able to construct a new picture for themselves - simply by asking these questions in the very first session we are already facilitating a shift of focus and a shift of perception by the simple process of reframing.

Many of the clients we see will be suffering from the negative impact of some past event or trauma. The use of the rewind technique frees the client from the negative grip of the past and thus allows them to view their present reality and future in a much more rational way. Although unable to change what happened in the past, the rewind technique is able to change the process through which a the client encodes and interprets his experiences, both past and future. After the rewind technique a positive reframe can be set up allowing thereby creating positive expectation.

2. The true meaning of communication is in the response that you get

As well as needing to be sensitive to the representational systems of our clients we also need to be aware that our own language structures will influence what the client thinks about and says. To help clients gain a better understanding of themselves it is vital that we ask positively stated open questions.

'Are you feeling better?'

will generally bring a 'yes/no' response from the client which prevents the client from really exploring and being aware of how he is feeling.

'In what ways are you feeling better?'

will generate a positive and fuller response which deepens the client's awareness and understanding of his feelings.

3. Each individual already has within them the resources they need to bring about change

Whatever issue a client wants to change there is often an accompanying level of anxiety. By helping clients to learn how to relax the mind, and by getting them to practise regularly, they begin to experience the process of change as something they are actively doing themselves. Lowered levels of anxiety allow the client to view things from a new perspective, thereby facilitating greater awareness of himself.

4. Successful communicators are those who are receptive to all communication systems - verbal and non-verbal - and who themselves can move elegantly from one communication system to another with ease

Rapport between client and therapist is vital if effective change is to happen. The therapist needs to be sensitive to his client's representational systems for rapport, but also in order to be able to understand how to maximise the effectiveness of techniques such as the rewind; it is not much good getting somebody to focus solely on the visual aspect of a situation if their preferred system is predominantly auditory.

5. The map is not the territory . . . The menu is not the meal

Whenever a client has let a situation get on top of him it is very likely that he is not seeing the bigger picture. Stress limits our scope of understanding and often one of the most effective things we can do as therapists is help the client gain a clearer and wider perspective of things by helping him to reframe

7. Erickson, his influence

his view of things. One of the most effective ways of doing this is through the use of metaphor. Metaphor is highly effective as it is non-threatening and is often layered with multiple meaning from which the client can take and learn whatever is relevant to him. Metaphor can then be viewed as a means of indirect reframing as it subtly guides the client to reassess his own reality.

6. Every behaviour is the result of neurological patterns

When we are able to teach our clients that what they think has an effect on what they feel and subsequently do, we are in effect teaching them that they have control over so much of what happens in their life. By repetitively encouraging the client to focus on the positive we are helping to set up a new pattern. This can be done at the beginning of every session by asking the client simple positively focused open questions such as:

'In what ways are you feeling better?'

'What have you learnt about yourself this week?'

'What have been the highlights of your week?'

It can be incorporated into the beginning of the trancework by repeating back to the client his positive progress or achievements, and also incorporated into the end of trancework by future pacing – getting the client to focus on the positive aspects of the week ahead.

7. Change comes from change

One of the biggest advantages we have as hypnotherapists is that our clients are already looking for some sort of change in their lives and due to the nature of what we do we can help bring about change from the very first session in the form of a more deeply relaxed mind. However we must be sure that we make the client understand that relaxing the mind is just the first change. One way of effectively focusing the client on the need for change is to ask them how they have found themselves in whatever situation they are in – invariably it will be a direct result of how they have thought and responded to external events – and also by asking them questions such as

'If nothing changes how will you be feeling in 6 months/years?'

'What needs to change for you to feel better?'

These types of question serve to focus the client on the need for real, meaningful change.

There are many ways during a session that we can help the client bring about positive change. Reframing, future pacing, and metaphor are just a few, but we can also help bring about change outside of the therapy room by setting homework tasks that deliberately take the client out of his comfort zone, and which range from taking regular exercise to keeping a success journal.

8. Feedback v Failure - there is no such thing a failure, just a different outcome from what one may have wished for, and an opportunity to learn

For many of our clients one of the causes of stress, and its resulting forms of anger, anxiety, and depression, is when something doesn't go as they had planned. A stressed mind will often see things in very black and white terms and evaluate situations as either a success or failure. Stress serves no useful purpose and exacerbates any sense of disappointment by blinding the individual to other possible solutions. One of the ways of helping the client out of this black and white thinking is by getting them to reframe the situation, thereby helping them see things from a different angle in order to see new options and to view all disappointment as an opportunity to learn and try out new plans of action. There are numerous stories of individuals who have triumphed over adversity and disappointment, not through good luck but by trying something different until they succeeded, Walt Disney and Edison are just two examples of individuals who refused to give up at each of the many set backs they encountered.

c. De Shazer, Insoo Kim Berg, Watzlawick etc and Brief Therapy

Solution-focused brief therapists tend to view their investigations and practices as proceeding less from a theory and more from a curiosity to learn what works. From its inception, solution- focus practice developed inductively. The solution-focus brief therapist remains curious about what clients do that is helpful to them (de Shazer, 1985).

Historical Context

In 1970, Steve de Shazer moved from Wisconsin to Paolo Alto, California. De Shazer states that his first contact with psychotherapy happened when he first read *Strategies of Psychotherapy* by Jay Haley. In the book, Haley presents the ideas and work of the psychiatrist, Milton H. Erickson. The book

7. Erickson, his influence

had a profound influence on de Shazer, and this, coupled with the work of the Mental Research Institute (MRI) in Paolo Alto, would form the foundations for what would later be called Solution Focused Brief Therapy (de Shazer, 1985, 1994).

Erickson became best known for his study and use of hypnotherapy. While he practised from the 1940's until his death in the early 1980's, the major interest in his work began to gather momentum in the early 1980's. Erickson's ideas reached far beyond hypnotic technique. He posed radical ideas regarding the role of therapist, the competency of clients and the meaning of psychotherapy in general. Erickson's approach involved using the clients own language and worldview as the focus of his work. Cade and O'Hanlon (1993) expanded on the principal of this utilisation:

'Since we have no general or explanatory models to guide us, clients goals and visions of the future become our compass settings, and help us map our way to their hoped for destinations.'

One of Erickson's primary approaches entailed first learning the problem pattern and then prescribing a small change in the pattern. Several of the researchers at MRI, among them John Weakland, Jay Hayley, and Gregory Bateson, were interested in Erickson's work and especially in his use of pattern disruption (de Shazer, 1991).

In 1972, de Shazer had developed a psychotherapy practice that included the use of a one-way mirror. At this time he collaborated on two projects with Joseph Berger, a professor of sociology at Stanford University. In the first project, Berger watched de Shazer working with clients from behind the mirror and described the conversations from his sociological point of view. The other project attempted to develop a theory based on the work of Erickson. De Shazer (1999) reflects on his lack of success in attempting this application of Erickson's work:

'This latter part was never successful. There were too many cases that were unique, and thus we ended up with almost as many categories as cases. Erickson, it turned out, was correct in saying he did not have a 'Theory'.' (p.4)

During 1972, de Shazer first came in contact with John Weakland from MRI. Along with Erickson, Weakland's ideas have had a major influence on de Shazer and the development of the solution-focus approach.

In 1974, Insoo Kim Berg, then a therapist in a family clinic in Milwaukee, travelled to Paolo Alto to train with John Weakland at MRI. She asked Weakland where she might observe brief therapy in action and he suggested he contact de Shazer. This was the beginning of a collaboration that spanned 28 years and has had a profound effect on psychotherapy.

In 1976, de Shazer was invited by John Weakland to be part of a panel at the Second Don D. Jackson Memorial Conference. The topic was entitled 'Techniques of Brief Therapy'. This was his first presentation of his ideas to an international audience. Later that year, de Shazer and Weakland presented a workshop at a second conference entitled 'Unorthodox Techniques of Brief Therapy'. De Shazer (1999) reflects on this topic:

'The audience thought it rather peculiar, or unorthodox, that we would ask the client about what the problem was and further that we would take their answers seriously! This sort of dissonance between what I think of as normal and ordinary and what the audience thinks unorthodox and/or bizarre has continued, but the dissonance lessened over the years as I have become used to it.'

In 1977, de Shazer describes a particular session in which the therapist working with the client and the team was experiencing a disagreement with the team regarding approach. Out of frustration the therapist asked the client to excuse him and he went behind the mirror to talk to the team. Both the therapist and the team found this was particularly helpful to the client and so the practise of taking a break has been part of the Solution-Focus identity ever since. (The hypnotherapist is able to relate to this pattern i.e. the break between the interactive part and the hypnotic part).

De Shazer returned to live in Milwaukee in 1978 when he and Insoo invested their limited financial resources into a training centre that they named the Brief Family Therapy Centre. The intention was to create a research centre patterned after the MRI.

7. Erickson, his influence

In 1979, de Shazer worked with Elam Nunnally, a family sociologist, to research the effect of session lengths on outcome. They imposed a 30-minute limit on sessions – this included taking a break. De Shazer writes:

‘In none of the 40 or so cases did we have trouble designing an intervention message. We always found that we had ‘enough’ information. Furthermore this arbitrary time limit had no effect on the outcomes, task performance, or on whether or not the client would return for the subsequent session.’ (p.12)

This research gave therapists an opportunity to rethink session time and the length of therapy. The content of the session became more important than how long.

In response to a growing interest in BFTC’s approach, de Shazer, Berg, and their colleagues established a training institute in the early 1980’s. Around the same time BFTC moved to larger quarters that would allow for trainees to sit behind the mirror and watch solution-focused therapists working with actual clients. In 1982, Professor Wallace Gingerich actually coined the phrase ‘Solution-Focus Brief Therapy’ (SFBT) to describe the approach that BFTC was developing.

Insoo Kim Berg was working with a lady in 1983. The client appeared hopeless and burdened with multiple problems. Although Berg relentlessly sought for a small ray of hope that she could expand on, she met with despair. Finally the client said that a miracle would have to happen in order for her situation to improve. Berg had the client suppose that the miracle had already happened and this significantly improved the tenor of the session. During the break the team members expressed excitement for the supposition and they suggested that the therapists experiment with what would become known as the ‘Miracle Question’. This story exemplifies how solution-focused therapists listen intently to clients in order to learn how to do effective therapy.

De Shazer’s first book describing the solution-focus approach, *Keys to Solutions in Brief Therapy*, was published in 1985 and this resulted in an increased interest in BFTC’s work. The late portion of the 1980’s and throughout the 1990’s saw an expansion of interest in SFBT.

Some basic thoughts

Language can be conceptualised to function in two ways:

1. Language represents reality
2. Language creates reality

The first orientation suggests that language describes reality (de Shazer, 1991). From this point of view, two individuals having a conversation together use words as symbols of reality. For example, if two therapists talk, and one describes a specific client as having depression (or being depressed), they assume they both accept a similar meaning for the word ‘depression’. In this example the meaning of depression survives the therapists conversation.

Operating from the assumption that language describes reality confirms the presumption that therapists do not need to have conversations about the meaning of depression. The meaning of depression transcends the conversational context. In this view ‘depression’ carries a constant meaning independent of who participates, and where and when the conversation takes place.

Making sense of a solution-focus conversation requires a very different way of thinking about language. Conversations form the contexts in which therapists and clients make useful meanings of the words they use. Each new conversation provides an opportunity for new meanings. Solution-focus conversations can be described as at least two individuals engaged in the process of meaning making (de Shazer, 1991).

Both talking and doing happen at the same time – the talking cannot be separated from the action (Miller, 1997). In his *Philosophical Investigations*, Ludwig Wittgenstein (1958) suggested this connection between language and action:

‘We can also think of the whole process of using words as one of those games by means of which children learn their native language. I will call these games ‘language-games’ and will sometimes speak of a primitive language as a language-game. I shall also call the whole, consisting of language and the actions into which it is woven, the ‘language-game’.’

Wittgenstein expanded on this concept ‘language-game’ and its connection to action:

7. Erickson, his influence

'Here the term 'language-game' is meant to bring into prominence the fact that the *speaking* of language is part of an activity, or a form of life.'

Conventional diagnosis denotes that 'someone' **is** or **has**. For example, 'He is depressed', or 'She has schizophrenia'. However, observations show that when clients talk about depression, they act depressed. From Wittgenstein's point of view, a conversation about depression results in doing depression – the language cannot be separated from the action. Solution-focus brief therapists simply (and minimally) co-construct useful conversations with clients – conversations that make meaning of possibilities and capabilities.

If language a) makes meaning and b) inevitably results in action, the questions that solution-focus practitioners ask not only gather information, but also cannot help but give information (Tomms and Lannaman, 1988). Questions convey to clients what therapists are interested in knowing, and what they think will be most helpful for them to focus on. While acknowledging a lack of expertise in client lives, professionals bring proficiency as to what constitutes a useful process; an investment in finding out what makes a difference for them.

Basic Assumptions of SFBT

To a large degree, how therapists converse with clients flows from the assumptions they make. Those assumptions determine where the therapist will focus. The SFBT approach has developed a useful set of assumptions about clients, therapists and the helping process. Its practice proceeds from these assumptions (Simon and Berg, 1999).

1. *Change is constant and inevitable.* Experience suggests that change is already happening even before a client sees a therapist. The therapist does not necessarily initiate change, but focuses on changes that are already happening. Even in an in-patient psychiatric setting most patients will explain how things are already getting better within 24 hours of admission (that is, if they are asked).

2. *Small changes lead to bigger changes.* Years of experience with many different clients suggest that, once clients experience positive changes that make a difference in their lives, the effects multiply. Conversations about possibilities serve to enhance further possibilities. It matters less where clients choose to begin making a difference in their lives. The very act of entertaining a future vision represents the key element in what is useful to many clients.

3. *The past cannot be changed.* Steve de Shazer (1985), a co-developer of the solution-focused brief approach, quoted Erickson:

'Emphasis should be placed more on what the patient does in the present and will do in the future than on a mere understanding of why some long-ago event occurred.'

Solution-focused therapists are very interested in the details of client's past successes. De Shazer (1985), expanded on Erickson's comments:

'The past, particularly the problematic areas of the past, can then be seen as potentially detrimental to solution. Of course, past successes, deliberate or accidental, can be used in constructing a solution.' (p.79)

4. *People have the necessary resources. They are the experts on themselves.* While solution-focus brief therapists see themselves as having expertise on a useful process, they see clients as being experts on themselves. If asked, clients see what is useful to them in their everyday lives. The therapist's area of expertise still depends on the clients' expertise concerning themselves.

5. *Every human being, relationship and situation is unique.* Erickson designed his therapy differently for each client (O'Hanlon, 1987). Solution-focus begins with the uniqueness of every individual. This process of fitting the therapy to the client requires the client input and feedback.

6. *What people do has an impact on other people.* The meteorologist, Edward Lorenz, coined the term 'The Butterfly Effect' (Butz, Chamberlain and McCown, 1997). This proposed that a butterfly flapping its wings in China could alter the weather system in the United States. Lorenz's tongue in cheek statement suggests that it can only take a small variable to make a big difference. In complex systems, small variables can generate unpredictable consequences. Human beings operate within multiple social contexts: friends, work, the church, the synagogue, the mosque, family, the local grocery store, the local fitness club etc. Given the complexity of human social systems, simple cause and effect thinking cannot accurately predict human behaviour. (See 'Tipping the Balance').

7. Erickson, his influence

7. *Every problem has at least one exception.* There are times when the client is either doing something other than the problem, or when the problem is experienced as less important. It had occurred to de Shazer, Berg and their colleagues that having conversations about exceptions is the key to building solutions (Simon and Berg, 1999):

However, as they listened to clients describing the details of a problem, they began to notice that clients also described exceptions, times when the problem was either absent or minimal. At this point, the focus of the therapy shifted from the description of the problem to details of exceptions. It was this shift that moved the therapy from problem resolution to solution development.

8. *Changes come from many directions.* Therapy is not the only way people change. According to Miller, Duncan and Hubble, (1997): 'Research shows, in fact, that improvement *between* treatment sessions is the rule rather than the exception'. Solution-focus therapists take advantage of the many resources the client can utilise by focusing on what happens that makes their lives better between sessions.

Building Solutions

The SFBT conversation has two major focuses that occur simultaneously:

1. Developing *with* the client a well-formed goal
2. Constructing a conversation that helps build solutions

Therapists can use the following eight guides (Berg and Miller, 1992) that will help to indicate that they are developing well-formed goals with their clients:

1. *Important to the client and has meaning to the therapist.* Very often what appears to be a simple and inconsequential goal will, in fact, make a big difference to a client.
2. *A small goal.* As in the above example, the solution-focus therapist looks for the small differences (often already happening) and expands upon them. When a client is helped to realise that a small change is possible, it will often lead to greater success. It matters less where the therapist and client choose to start. It matters more that the client experiences success.
3. *A concrete, specific and behavioural goal.* Solution-focus therapists find it most helpful when a client can describe what will be different and how that will make a difference. The more detail the client gives the therapist, the more possible the goal becomes. Paradoxically, solution-focus therapists expand on possibilities by focusing on details.
4. *The goal describes the presence of behaviour.* Very often clients talk about goals by what will *not* be happening. For example, 'My daughter will not do drugs anymore', or 'My son and I won't argue all the time'. Instead a solution-focus therapist might simply ask what it is they want to be doing, feeling, or thinking instead. A client may find it much more difficult to articulate what will be happening instead of 'doing drugs', 'sneaking out at night' or 'lying all the time'. Rather than detailing what makes parents upset, describing goals by the presence of desired behaviours will help parents look for positive changes in their children.
5. *A useful goal describes a good enough beginning.* Life is about constant change and transformations. Solution-focus therapists tend to be practical about when therapy has reached a useful end. Solution-focus therapists are interested in what will tell clients that they have made a good enough start and can continue the process on their own.
6. *The client's own life context will determine which goals are realistic and achievable.* A useful intervention with clients is what makes them think that the goal is attainable. As they detail the evidence that the goal can happen in their lives, they make the possibilities even more real for themselves.
7. *The client should either be able to describe how they are already noticing the goal happening in their lives, or describe how the first steps toward the goal might happen within a couple of weeks.* Clients will more likely achieve their goals when they detail how they could begin to accomplish the goal.
8. *The goal must be seen as requiring hard work.* There is a tendency to value what is acquired through effort. Therapists can use this in two ways:
 - a) They can ask those who are already accomplishing the goal how they were able to put in the hard work to make it happen.
 - b) They can also ask clients how much hard work they are willing to put in to accomplish their goals.

7. Erickson, his influence

d. Human Givens

Joe Griffin describes the Human Givens philosophy

The Human Givens approach is a set of organising ideas that provides a holistic, scientific framework for understanding the way that individuals and society work. That framework has one central, highly empowering idea at its core – that human beings, like all organic beings, come into this world with a set of needs. If those needs are met appropriately, it is not possible to be mentally ill. I do not believe a more powerful statement than that could ever be made about the human condition. If human beings' needs are met, they won't get depressed; they cannot have psychosis; they cannot have manic depression; they cannot be in the grip of addictions. It is just not possible.

To get our own needs met, nature has gifted us our very own internal guidance programme – this, together with our needs, makes up what we call the human givens. We come into the world with an instinctive knowledge of what we need and with a set of inner resources that can help us get our needs met, provided we use them properly and are in a healthy environment.

In terms of the history of where our knowledge of human needs comes from, there has been a distinguished cast of contributors, going right back to ancient times. More recently William James, Sigmund Freud, and Alfred Adler explored human needs, and there was an outstanding contribution by Abraham Maslow, the pioneer of humanistic psychology, who first talked about a hierarchy of needs. It was Abraham Maslow who introduced the idea that, until basic needs are met, people can't engage with questions of meaning and spirituality – what he calls self-actualisation. Another contributor was William Glasser, who put forward the idea that fulfilment of people's needs for control, power, achievement, and intimacy depends on their ability to behave responsibly and conscientiously; he argued vehemently that mental illness springs from these needs not being met. So the human givens approach belongs to no specific people, it belongs to the human species. We are just talking more precisely about what nature has gifted us, and there have been many great contributors down the millennia and the centuries who have contributed to our understanding of the human givens.

What we have started to do, in what has come to be called the human givens approach, is look at human needs in the light of increasing knowledge and recent discoveries that flesh them out, so that we can define them and concretise them and make them more real. We now know that having meaning and purpose, a sense of volition and control, being needed by others, having intimate connections and wider social connections, status, appropriate giving and receiving of attention etc, are crucial for health and well-being. (Attention needs were not understood in Western psychology at all, before the contribution of Idries Shah.) So, on one side of the equation, we now have a much fuller understanding of human needs.